

Case Number:	CM14-0052763		
Date Assigned:	07/07/2014	Date of Injury:	02/18/1994
Decision Date:	08/06/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/21/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 55-year-old male who reported an injury on 02/18/1994. The mechanism of injury was not provided for clinical review. The diagnoses included chronic pain syndrome, status post multi lumbar surgeries, lumbar spondylosis, opioid tolerance, opioid-induced hyperalgesia, depression, traumatic brain injury, bilateral L5 radiculopathy, and lumbar facet pain at L4-5. The previous treatments include trigger point injections, epidural steroid injections, surgeries, and medication. Within the clinical note dated 02/24/2014, it reported the injured worker complained of ongoing low back pain. He noted the pain worsened over the past several months. The injured worker reported a struggle to do his home exercise program due to pain. The medication regimen included Norco and ibuprofen. Upon physical examination, the provider noted lumbar facet loading maneuver on the right and on the left side, referred pain to the bilateral L4, right L5, and left L5 facets. The provider indicated trigger point injections had been completed at his appointment in the low back area to the bilateral L5 paraspinal muscles and bilateral L4 paraspinal muscles. The request submitted is for 1 trigger point injection and Norco. However, the rationale is not provided for clinical review. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

One trigger point injection 10ml of 0.25% Bupivacaine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: The injured worker complained of ongoing low back pain. He reported his pain had worsened over the last several months. The California MTUS Guidelines recommend trigger point injections only for myofascial pain syndrome with limited lasting value, and are not recommended for radicular pain. Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: the documentation of circumscribed trigger points with evidence upon palpation of a twitch response, as well as referred pain; symptoms have persisted for more than 3 months; medical management therapy such as ongoing stretching, physical therapy, NSAIDs, and muscle relaxants have failed to control pain; radiculopathy is not present; no more than 3 to 4 injections per session; no repeat injections unless greater than 50% pain relief is obtained for at least 6 weeks after an injection and there is documented evidence of functional improvement. There is a lack of clinical documentation indicating the injured worker has failed physical therapy, NSAIDs, or muscle relaxants to control pain. The clinical documentation submitted indicated the injured worker has a diagnosis of radiculopathy. There is a lack of significant objective findings indicating the injured worker had trigger points with evidence of palpation of a twitch response. Additionally, the clinical documentation submitted indicated the injured worker had recently undergone a trigger point injection on 02/24/2014. The medical necessity for an additional trigger point injections at this time would not be warranted. Therefore, the request is not medically necessary.

Norco 10/325mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The injured worker complained of ongoing low back pain. He reported his pain had worsened over the last several months. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider did not document an adequate and complete pain assessment within the documentation. There is a lack of documentation indicating the medication had been providing objective functional benefit and improvement. Additionally, the use of a urine drug screen had not been provided in the clinical documentation. The injured worker had been utilizing the medication since at least 07/2013. The request submitted failed to provide the frequency of the medication. Therefore, the request for Norco 10/325 mg #90 with 3 refills is not medically necessary.

